

Name  
in  
Full

Still Born Unnamed Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

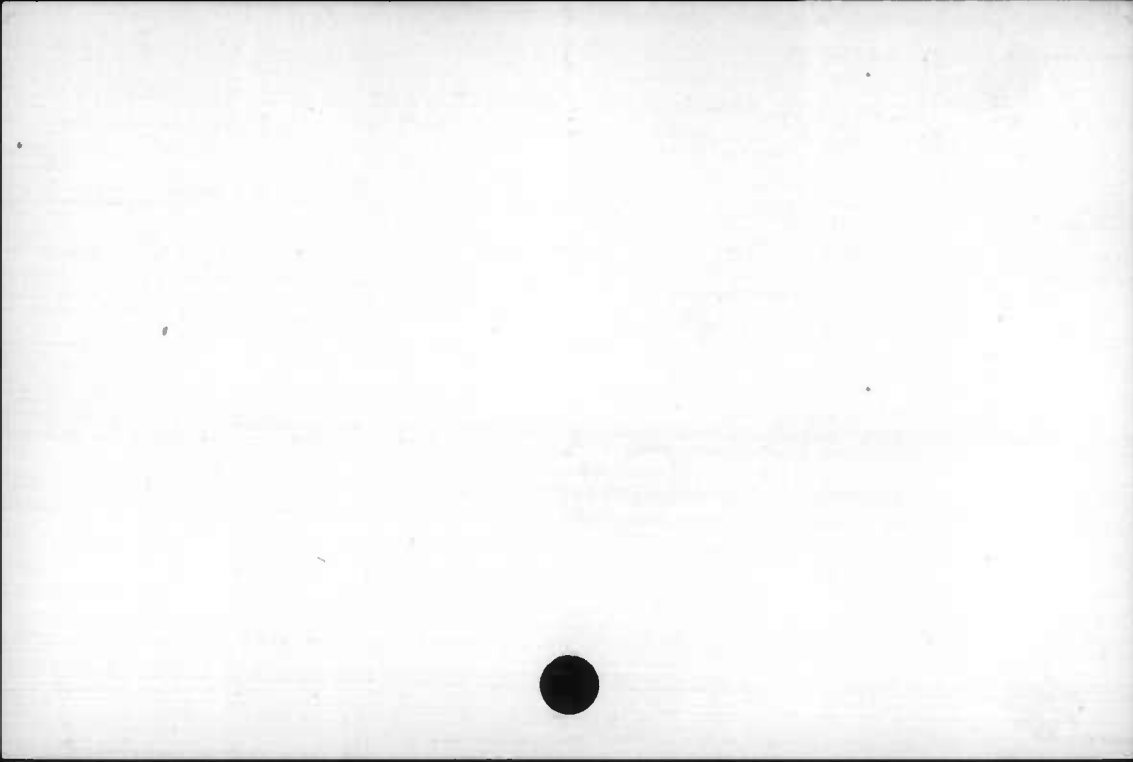
Died at <i>Morristown</i>		Town <i>Morristown</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909 Feb 11</i>		Month <i>Feb</i>		Day <i>11</i>		Age <i>not any</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Morristown</i>		Months <i>—</i>	
Occupation <i>not any</i>		Where Residing if not at place of death <i>..</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>not any</i>		Father's Name <i>Henry Barnes</i>		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Fannie Graham</i>		Name of person giving information <i>Fannie Graham</i>		Mother's Birthplace <i>md</i>		How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

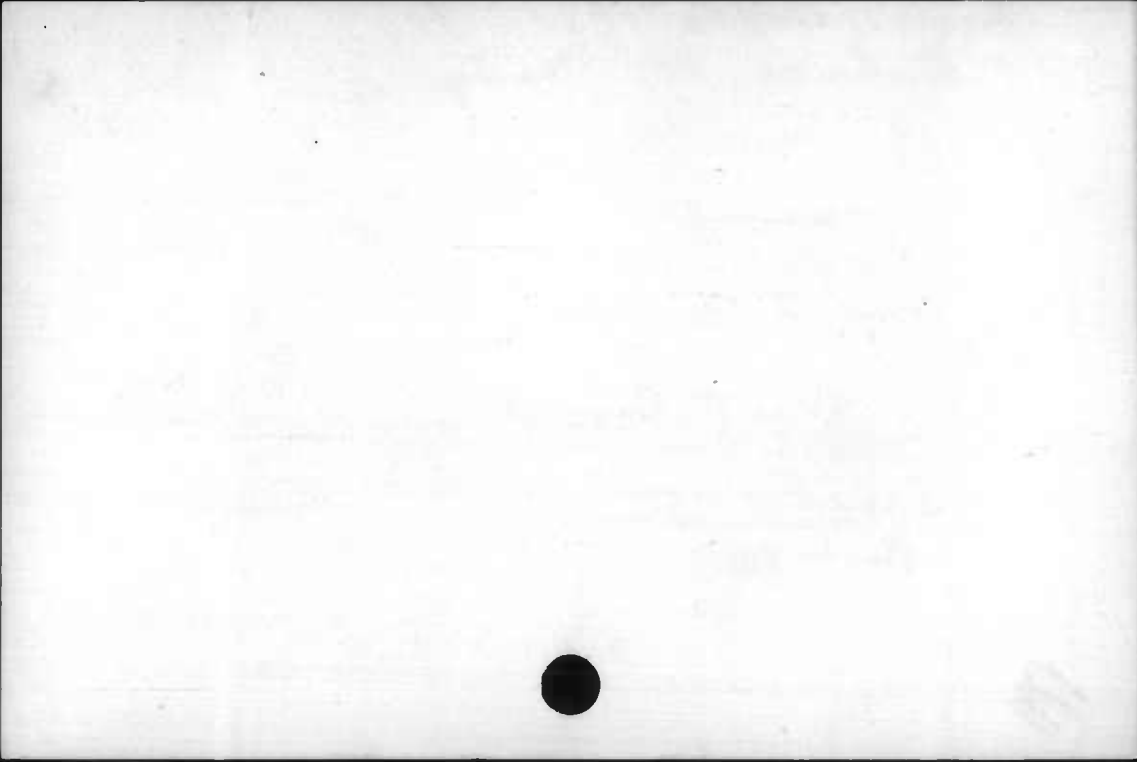
8

PHYSICIAN  
OR CORONER

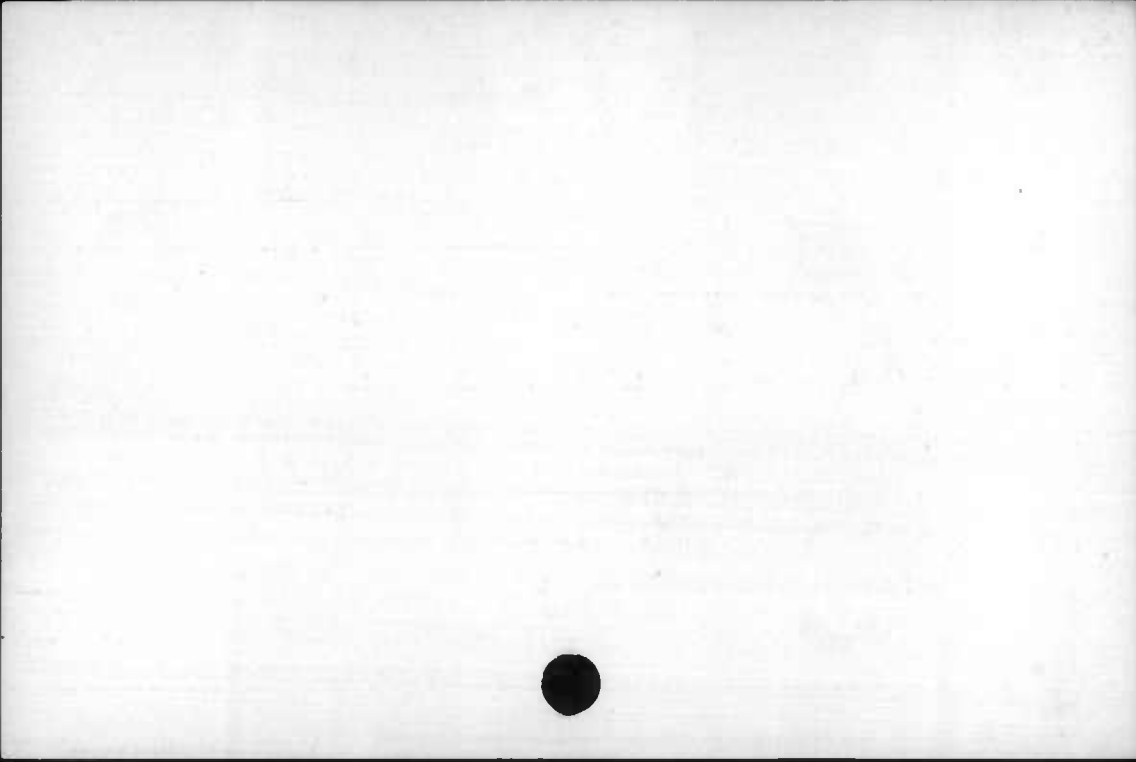
Primary <i>Unknown</i>	How long <i>—</i>
Immediate <i>Unknown</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. W. White</i>
	Address <i>Providence</i>
	<i>md</i>
Accident or Suicide?	



Name in Full		Billows		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Nowwood</u>		County <u>Montgomery</u>		State <u>MARYLAND</u>	
	Date of death <u>1909</u>	Month <u>Feb.</u>	Day <u>12</u>	Age <u>—</u>	Years <u>—</u> Months <u>—</u> Days <u>at term</u>	
	Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Montg. Co. Md.</u>		
	Occupation <u>None</u>		Where Residing if not at place of death			
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
	Father's Name <u>Roland Cook</u>			Father's Birthplace <u>Montg. Co. Md.</u>		
	Mother's Name <u>Florence Hewes Billows</u>			Mother's Birthplace <u>Montg. Co. Md.</u>		
	Name of person giving information <u>Agnes Billows</u>			How related to deceased <u>Grandmother</u>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Still born at term</u>			How long <u>8</u>		
				How long		
	Immediate					
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>Chas. Farguhar, M.D.</u>		
			Address <u>Olney, Md.</u>			
Accident or Suicide?						



Name in Full		Annie Viola Baswell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Bertusda P.O.		Montgomery County		MARYLAND
	Date of death	1909	Month	2	Day	18	Age
					Years	1	Months
							Days
	Sex	Female		Color or Race	white		Birth-place
							Bertusda, Md.
Occupation		name		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Frank T. Baswell				Father's Birthplace	
						Montg. Co., Md.	
Mother's Maiden Name		Rosie Ruchel				Mother's Birthplace	
						Ballo, Md.	
Name of person giving information		Rosie R. Baswell				How related to deceased	
						Master	
				CAUSES OF DEATH		7	
PHYSICIAN OR CORONER	Primary		Scarlet Fever				How long
							7 days
	Immediate		Convulsions				How long
							12 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
				John L. Lewis, M.D.			
				Address			
				Bertusda, Md.			
Accident or Suicide?							



Name in Full <b>Rebecca J. Brown</b>		CERTIFICATE OF DEATH	
Died at <b>Ashtown</b> <small>Town</small>		<b>MONTGOMERY</b> <small>County</small>	
Date of death <b>1909</b> <small>Month</small> <b>2</b> <small>Day</small> <b>27</b> <small>Years</small> <b>76</b> <small>Months</small> <b>1</b> <small>Days</small> <b>6</b>		MARYLAND	
Sex <b>Female</b>		Color or Race <b>white american</b>	
Occupation <b>House wife</b>		Birth-place <b>Leacon, Va</b>	
Where Residing if not at place of death <b>Leacon Va</b>			
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Samuel H. Brown</b>	
Father's Name <b>Joseph Nichols</b>		Father's Birthplace <b>Va</b>	
Mother's Maiden Name <b>Mary Ann McPherson</b>		Mother's Birthplace <b>Brownsville, Va</b>	
Name of person giving information <b>Maurice J. Stobbs</b>		How related to deceased <b>Nephew</b>	
<b>Apoplexy.</b>		CAUSES OF DEATH	
Primary <b>Rupture of Blood vessel</b>		How long <b>2 days &amp; half</b>	
Immediate <b>Heart exhaustion</b>		How long <b>2 hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Roger Burk</b>	
Address <b>Sandy Spring Md</b>			
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

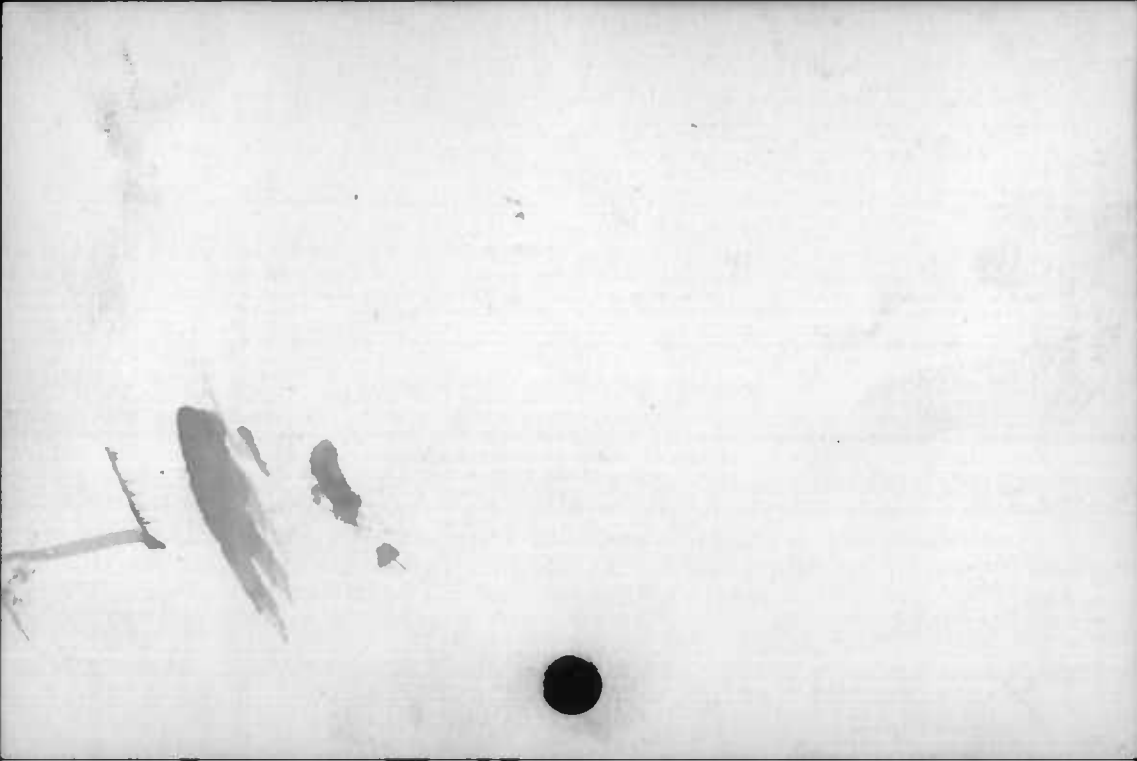
Died at <i>Glen Echo</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND			
Date of death	<i>1909</i>	<i>Feb</i> <small>Month</small>	<i>5</i> <small>Day</small>	<i>2</i> <small>Year</small>	<i>2</i> <small>Months</small>	<i>2</i> <small>Days</small>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Maryland</i>
Occupation	<i>—</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				<i>—</i>
Father's Name	<i>William J. Denell</i>				Father's Birthplace	<i>Md.</i>	
Mother's Maiden Name	<i>Clara M. Barnes</i>				Mother's Birthplace	<i>D.C.</i>	
Name of person giving information	<i>William J. Denell</i>				How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Anthony M. Ray</i>	
		Address	
		<i>Templetown D.C.</i>	
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Dundy</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
190 <i>9</i>		<i>2</i>	<i>10</i>	Age			
Sex	<i>F.</i>	Color or Race	<i>B.</i>	Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		<i>Fletcher Dundy</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name		<i>Lydia Lyles.</i>			Mother's Birthplace		
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Geo. M. Boyer.*

Accident or Suicide



Name  
in  
Full

Eva Carson Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

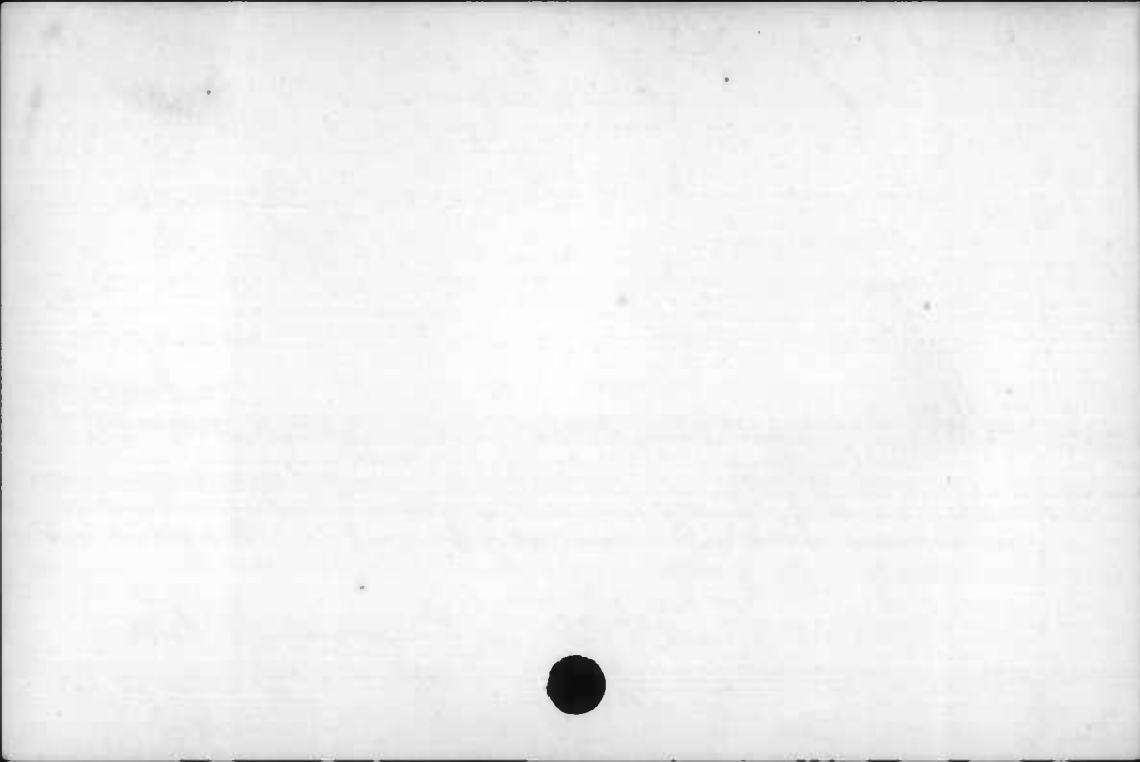
Died at		Town Rockville		County Montgomery		MARYLAND	
Date of death	1909	Month Feb	Day and 2nd	Age 66	Years	Months	Days
Sex	female		Color or Race	black		Birth-place	Ca
Occupation	cooking & housework			Where Residing if not at place of death			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Arthur Fletcher					Father's Birthplace	Ca
Mother's Maiden Name	Lucy Specks					Mother's Birthplace	Ind
Name of person giving information	Gadd Fletcher					How related to deceased	sister

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	11 months
Immediate	Pulmonary Tuberculosis	How long	11 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	[Signature]
		Address	Rockville
Accident or Suicide?	no		Ind



Name  
in  
Full

Nasley Hayes

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Portersville<sup>County</sup> Montgomery -

MARYLAND

Date of death 1909 Feb.

Month

Day

Age

Years

Months

Days

Sex male

Color or  
Race

white

Birth-  
place

Barnesville

Occupation

Merchant-

Where Residing if not  
at place of death

Portersville.

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Not say

Father's  
Name

Samuel Hayes

Father's  
Birthplace

Barnesville

Mother's  
Maiden Name

Ann Rollins

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Lavanda Hayes

How related  
to deceased

Wife

## CAUSES OF DEATH

79

Primary

Myocardial Infarction and Hypertrophy of heart

How long

2 years

Immediate

acute dilation

How long

5 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

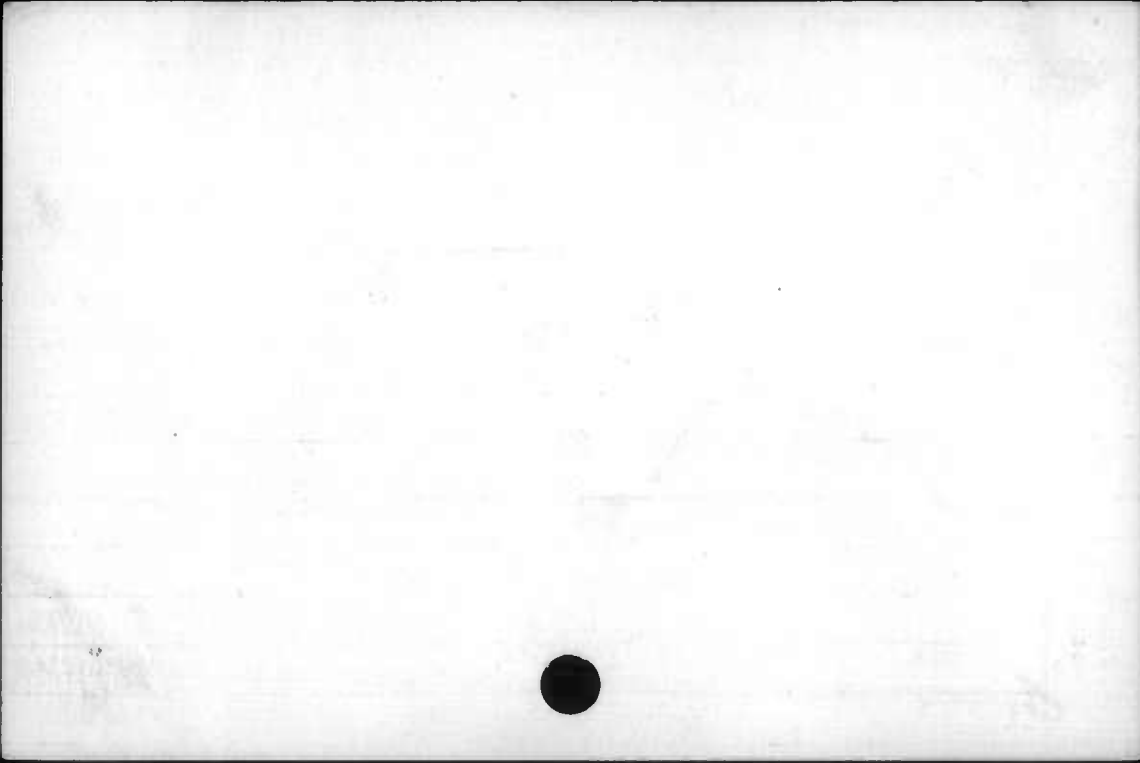
CW White

Address

Portersville  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		1909	Month <i>Feb</i>	Day <i>25</i>	Age	Years	Months
Sex		<i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Hagerstown</i>	
Occupation		<i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name		<i>Wm Hester</i>		Father's Birthplace		<i>MD</i>	
Mother's Maiden Name		<i>Estelle Ross</i>		Mother's Birthplace		<i>MD</i>	
Name of person giving Information		<i>Wm Hester</i>		How related to deceased		<i>Father</i>	

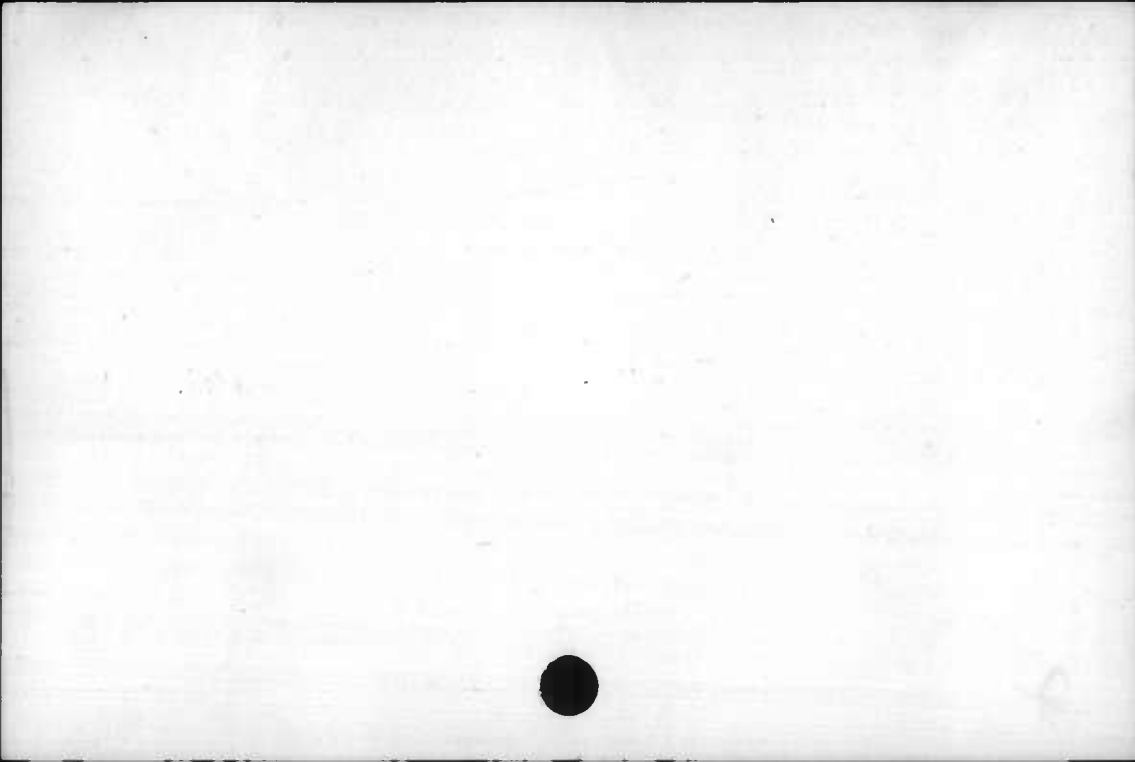
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Stomach</i>	How long	<i>8</i>
Immediate	<i>Stomach</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm L Lewis Sub Reg</i>	
		Address <i>Hagerstown MD</i>	
Accident or Suicide			



Name in Full		Rachel Hood		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sandy Spring	Town	Montgomery	County
	Date of death	1909	Month	Feb	Day
				Age	72
				Months	8
				Days	-
	Sex	Female	Color or Race	Colored	Birth-place
	Occupation	Housewife	Where Residing if not at place of death		
	Married, Single or Widowed	Married	Name of Wife or Husband	John Hood, Sr.	
FATHER'S NAME	Father's Name	Leaton Johnson	Father's Birthplace	Maryland	
	Mother's Maiden Name	Bessie Ulrich	Mother's Birthplace	Maryland	
	Name of person giving information	John Hood, Sr.	How related to deceased	Husband	
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis	How long	14 months	
	Immediate	Hemorrhage from Lungs	How long	A short time	
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. Farguhar	
			Address	Olney, Md.	
	Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Bella Copeland Honeyman

Town

County

Died at near Danouville

Newry

MARYLAND

Date  
of death 1909

Month

2

Day

8

Age

Years

7

Months

Days

Sex

Female

Color or  
Race

Negro

Birth-  
place

Foolsville Md.

Occupation

School girl

Where Residing if not  
at place of death

At home

Married, Single  
or ~~divorced~~Name of Wife or  
Husband

—

Father's  
Name

James Honeyman

Father's  
Birthplace

Va.

Mother's  
Meiden Name

Sarah Copeland

Mother's  
Birthplace

Foolsville Md.

Name of person giving  
Information

Faltin James Honeyman

How related  
to decedent

Son

## CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primery

Appendicitis - peritonitis (second) 5 days.

How long

Immediate

Asthemia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

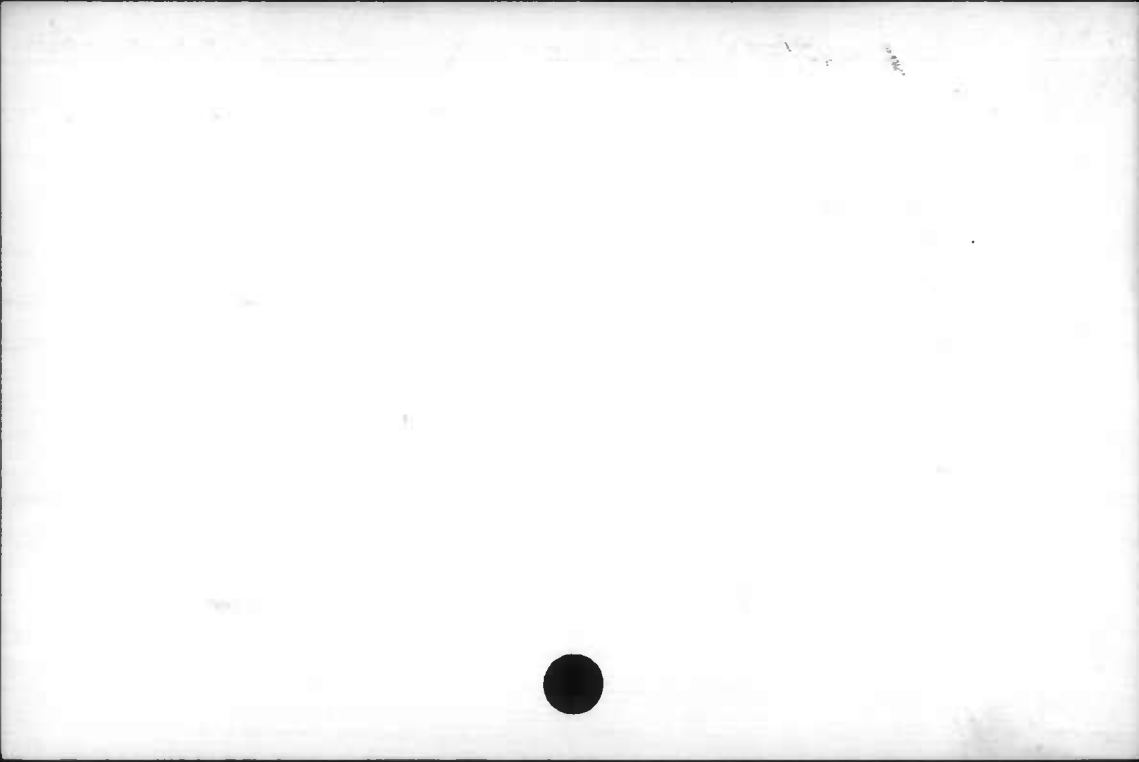
Signature of  
Physician

U. D. Bural

Address

Danouville Md.

Accident or Suicide



Name  
in  
Full

Mary Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

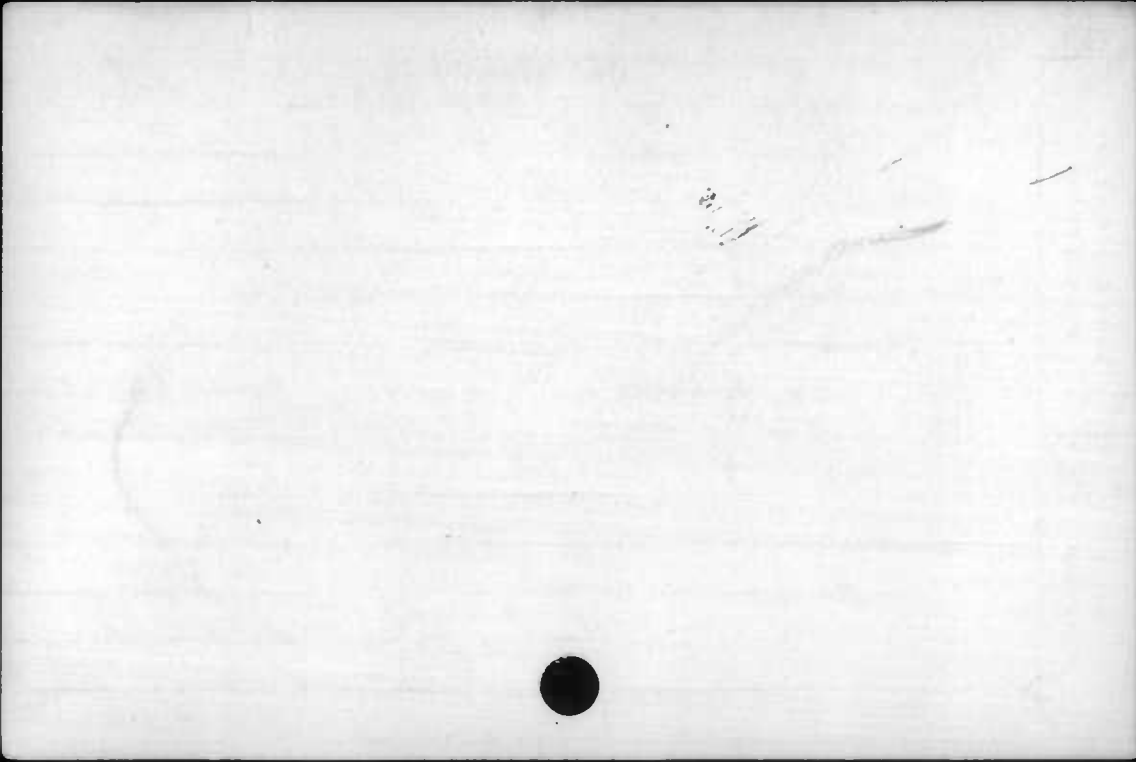
Died at <i>Rockville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>2</i>	Day <i>11</i>	Age <i>2</i> Years	Months <i>4 or 5</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>X</i>		
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Joe Jackson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Joe Williams</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>6 mos</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>O M L. L. L. L.</i>
	Address <i>Rockville, Ind</i>
Accident or Suicide? <i>X</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Marilyn Johnson

Town

County

Died at Baltimore B.F.W.Montgomery

MARYLAND

Date

of death

1909

Month

Feb

Day

24

Years

Age

71

Months

6

Days

28

Sex

FemaleColor of  
RaceWhiteBirth-  
placeFred. Co. Md.

Occupation

HousewifeWhere Residing if not  
at place of deathMarried, Single  
or WidowedMarriedName of Wife or  
HusbandRobert JohnsonFather's  
Name'Unknown' - BennettFather's  
BirthplaceUnknownMother's  
Maiden NameUnknownMother's  
BirthplaceUnknownName of person giving  
InformationWm. J. Hall -How related  
to deceasedGrandson

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Valvular disease of heart

How long

8 mos -

Immediate

Myocarditis

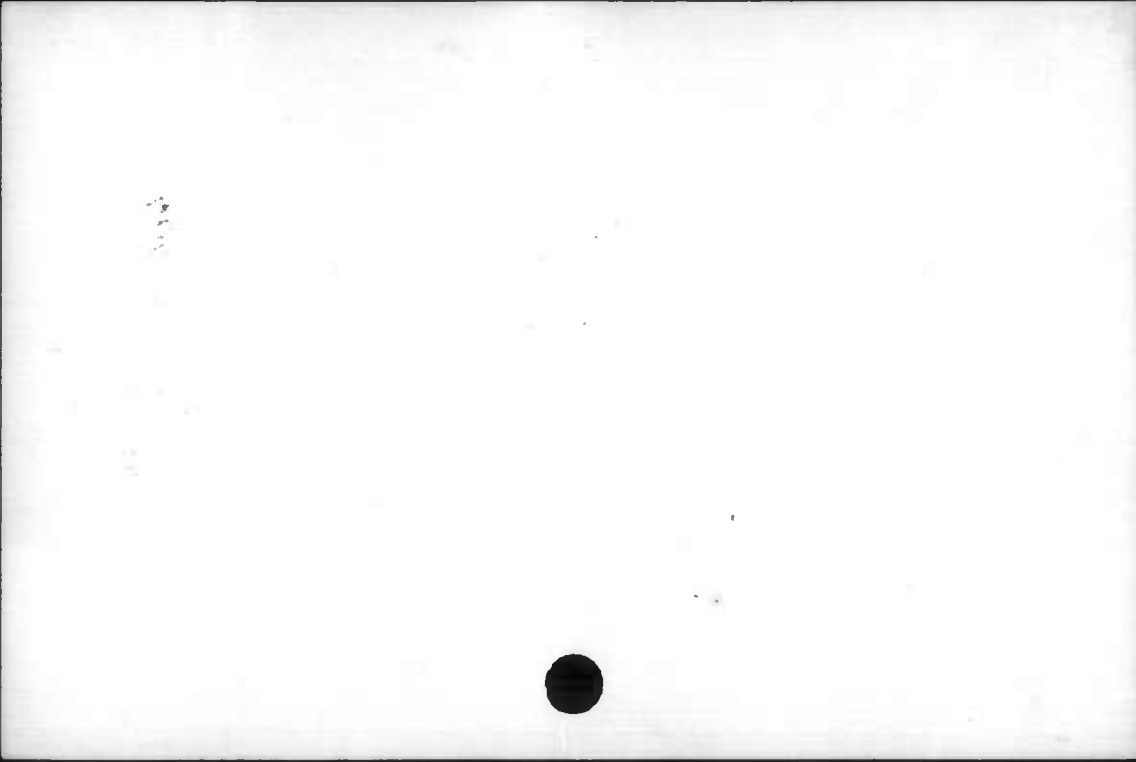
How long

2 mos -Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

R. J. Deets  
Blacksmoke Md

Accident or Suicide



Name  
in  
Full

Frederick Lintchman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barnesville</u>		County <u>Montgomery</u>		MARYLAND	
Date of death	1909	Month	Feb	Day	13 <sup>th</sup>
Age	84	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Hypotstown
Occupation	Farmed	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	Mary Elizabeth Lintchman		
Father's Name	Frederick Lintchman	Father's Birthplace	Hypotstown		
Mother's Maiden Name	Elizabeth M. Selfresh	Mother's Birthplace	Hypotstown		
Name of person giving Information	Jennie Lintchman	How related to deceased	Daughter		

## CAUSES OF DEATH

93

Primary	<u>Labor Pneumonia</u>	How long	<u>6 days</u>
Immediate	..	How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

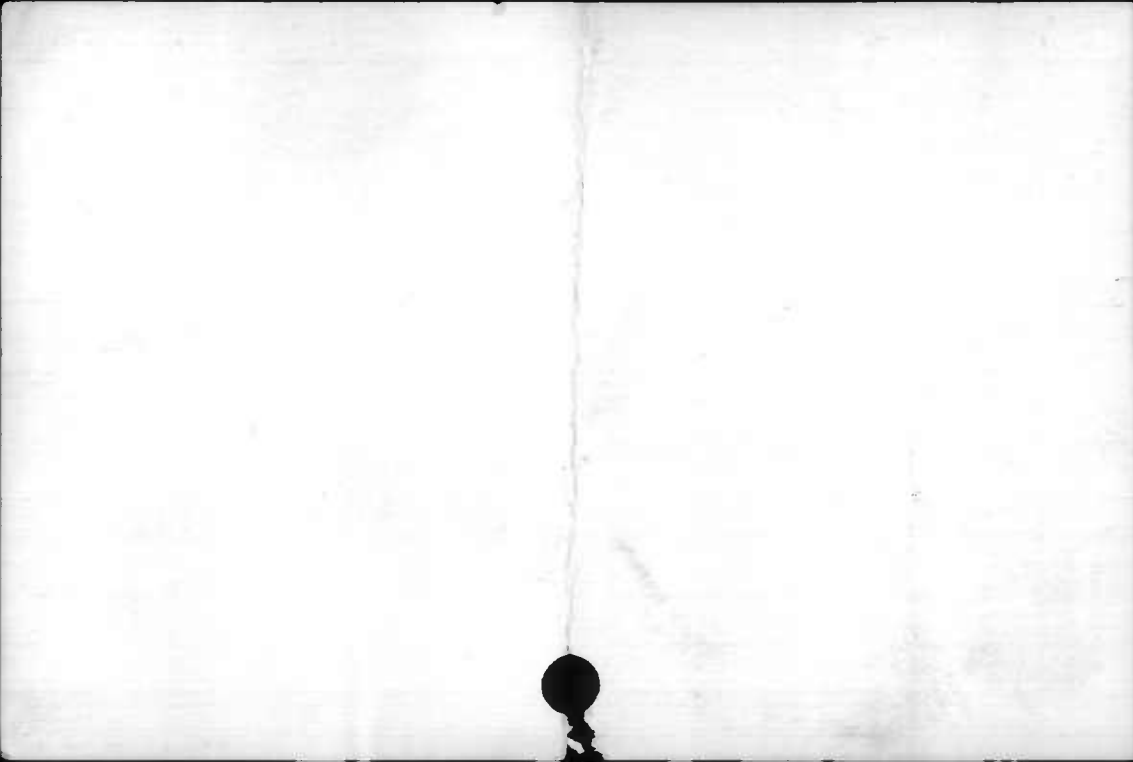
Address

Taylor E. Darby  
Barnesville  
Maryland

Accident or Suicide

PHYSICIAN  
OR CORONER

Filed 1909



Name  
in  
Full

Still born

Mc Roy

## CERTIFICATE OF DEATH

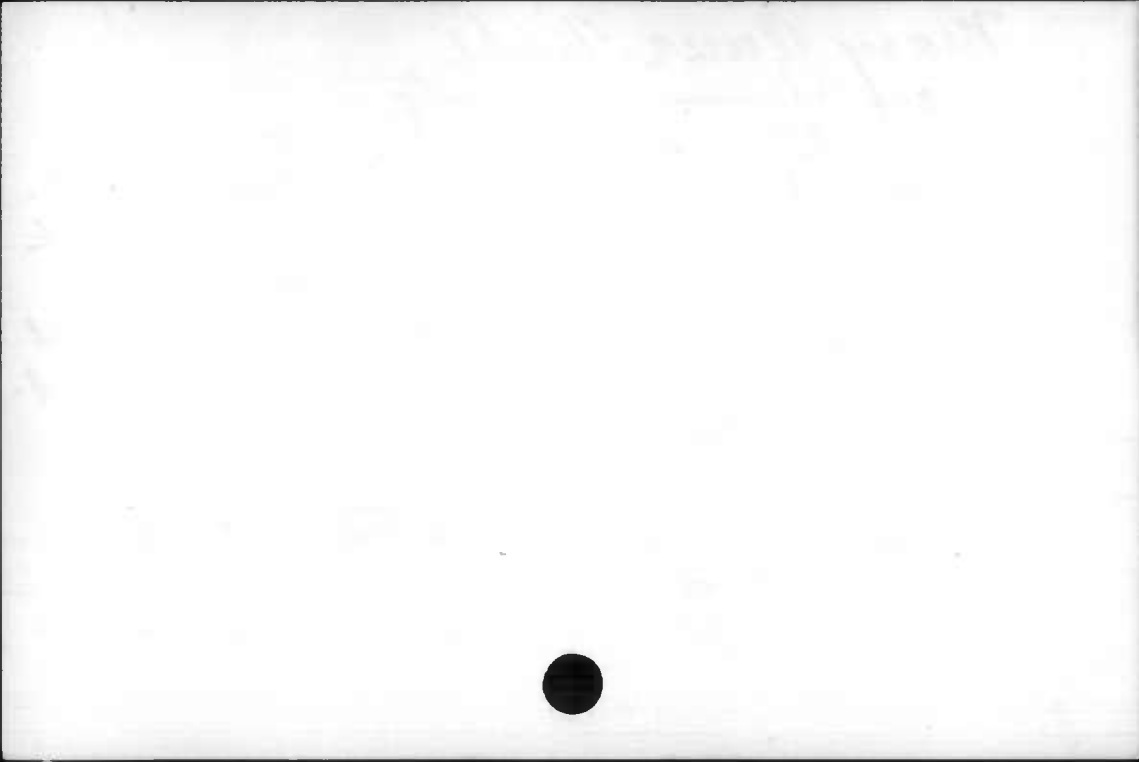
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Hunting Hill</i>		Town <i>Hunting Hill</i>		County		MARYLAND	
Date of death	1909	Month	Feb	Day	2	Age	—
Sex	Male		Color or Race	Black		Birth-place	Maryland
Occupation	None			Where Residing if not at place of death			—
<del>Married, Single</del> <del>or Widowed</del>			Name of Wife or Husband				—
Father's Name	Henry Mc Roy				Father's Birthplace	Md	
Mother's Maiden Name	Maria Daphne				Mother's Birthplace	Md	
Name of person giving Information	Henry Mc Roy				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Syphilis of placenta</i>		How long	<i>Don't know</i>
Immediate	<i>Asphyxiation</i>		How long	<i>Don't know</i>
Are the name, age, sex, color, data and place correctly given above?		<i>Yes</i>	Signature of Physician <i>C. H. Mannar M.D.</i>	
			Address <i>Rockville</i>	
Accident or Suicide		<i>No</i>		



Name  
in  
Full

Mary Anne. Wade

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

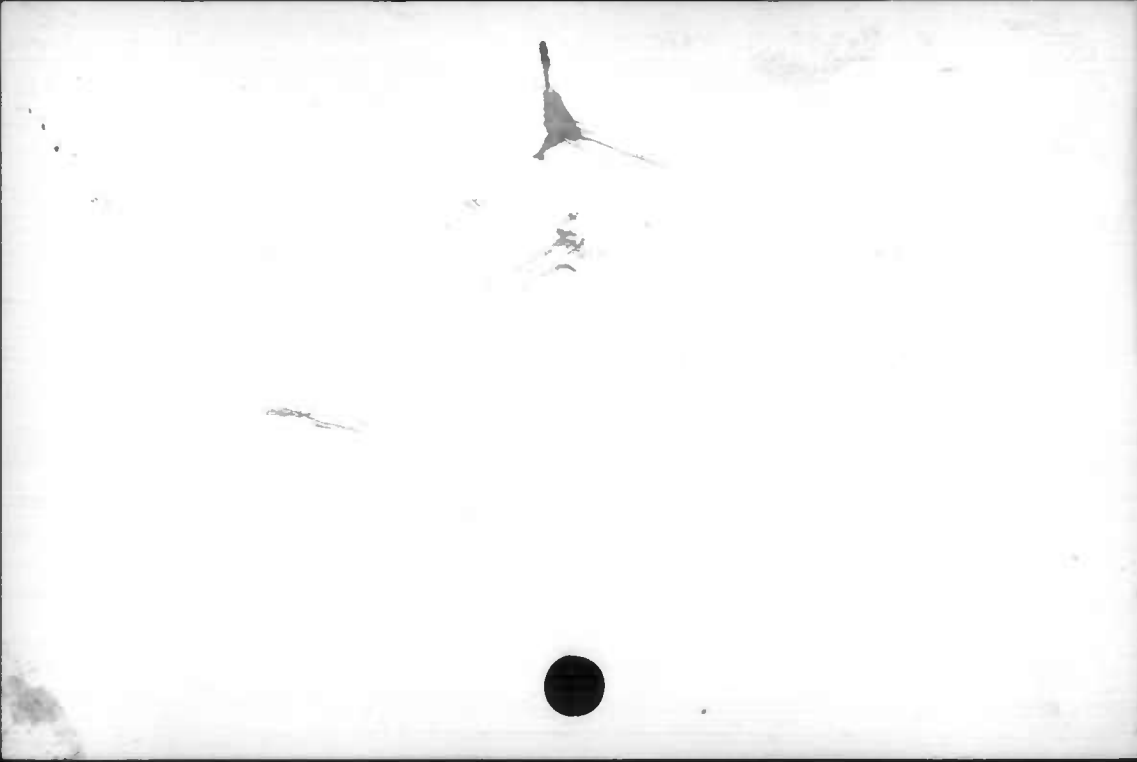
Died at		Town <u>Wassonville</u>		County <u>Montgomery</u>		MARYLAND	
Date of death		Month <u>2<sup>nd</sup></u>	Day <u>2<sup>nd</sup></u>	Age <u>80</u>	Years	Months <u>8</u>	Days <u>26</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Montgomery Co. Md.</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>At Place of death</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Eugene Grant</u>					
Father's Name <u>Jno W. Grant</u>		Father's Birthplace <u>Montgomery Co. Md.</u>					
Mother's Maiden Name <u>Elizabeth Cooley</u>		Mother's Birthplace <u>Montgomery Co. Md.</u>					
Name of person giving Information <u>Brother - Eugene Wade</u>		How related to deceased <u>Brother</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cancer of Mouth - Epithelioma</u>	How long <u>39</u> yr.
Immediate	<u>Asphyxia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. D. House M.D.</u>
		Address

Accident or Suicide





Name  
in  
Full

Emma Nugent

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rockville		County Mont-		MARYLAND	
Date of death		1909	Month Feb	Day	Age	Years —	Months 6
Sex		F		Color or Race		B	
Occupation		none		Birth- place		Md	
Where Residing if not at place of death				X			
Married, Single <del>or Widowed</del>		Name of Wife or Husband					
Father's Name		Frederick Nugent				Father's Birthplace	
Mother's Maiden Name		Emma Nugent				Mother's Birthplace	
Name of person giving Information		Fred Nugent				How related to deceased	
						Father	

## CAUSES OF DEATH

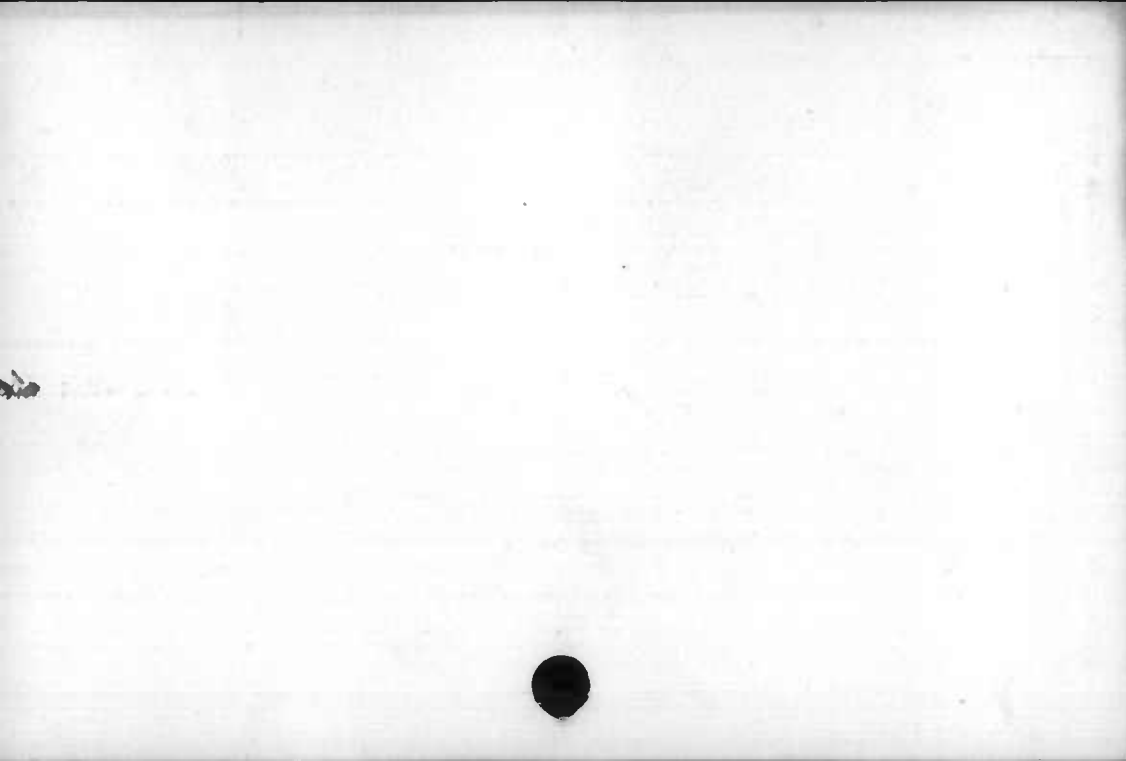
94

PHYSICIAN  
OR CORONER

Primary	Pleurisy	How long	3 days
Immediate	Exhaustion	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. H. Manner M.D.	
Address		[Redacted]	
Accident or Suicida		No	



Name in Full		Nelson Plummer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Brockville		County Montgomery		MARYLAND	
	Date of death	1909	Month 2	Day 19	Age 18	Months —	Days —
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	Laborer		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving information	Philip Case				How related to deceased		
				CAUSES OF DEATH		27	
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Accident or Suicide?				Address		



Name  
in  
Full

Florence A. Quirk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

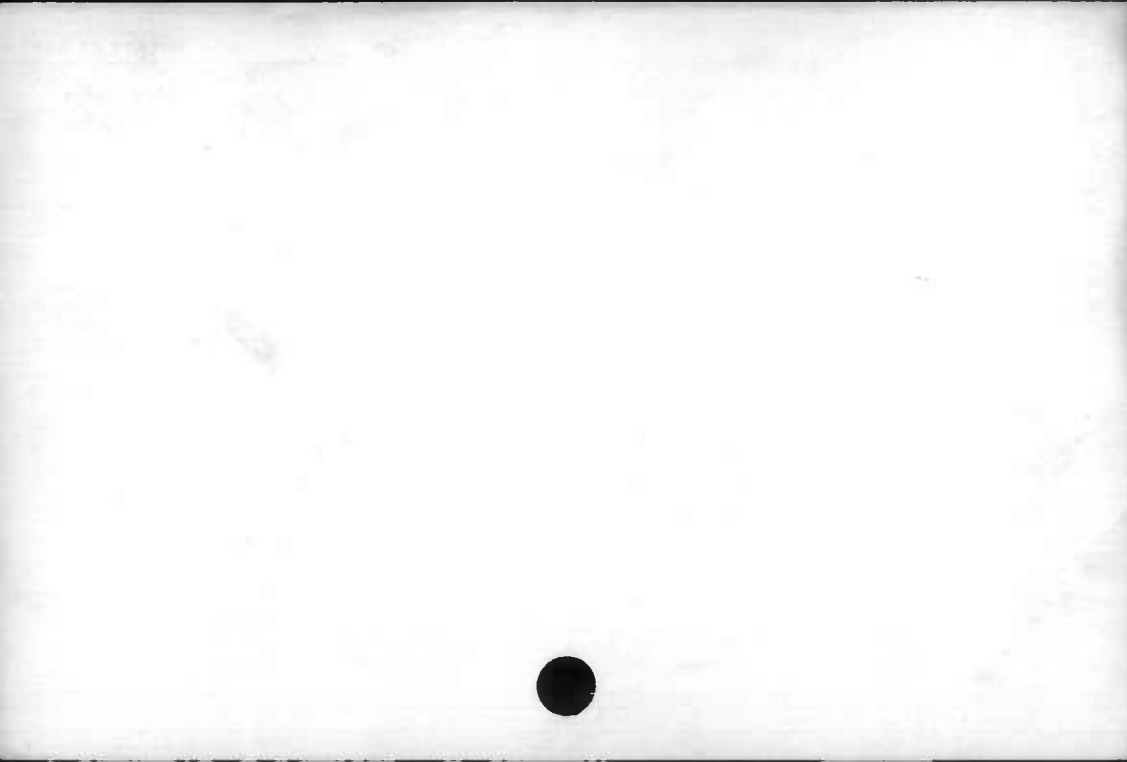
Died at <i>Brockmont</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1909 Feb 24</i>		Month <i>Feb</i>		Day <i>24</i>		Age <i>24</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa</i>		Months	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Brockmont</i>		Years		Days	
Married, <i>Single</i> or <i>Widowed</i>		Name of Wife or Husband <i>Florence A. Quirk</i>		Father's Name <i>Randolph Lee</i>		Father's Birthplace <i>Pa</i>	
Mother's Maiden Name <i>Martha Lee</i>		Mother's Birthplace <i>Pa</i>		How related to deceased <i>Husband</i>			
Name of person giving Information <i>Frank Quirk</i>							

## CAUSES OF DEATH

7

PHYSICIAN  
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>9 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. V. Palmer</i>	
		Address <i>R. F. D. No. 4. Washington D.C.</i>	
Accident or Suicide			



Name  
in  
Full

R. Thomas Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at London <sup>Town</sup> mmjy <sup>County</sup> MARYLAND

Date of death 1909 Feb <sup>Month</sup> 22 <sup>Day</sup> 26 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex Male Color or Race white Birth-place md

Occupation none Where Residing if not at place of death same

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Richard D Ray Father's Birthplace md

Mother's Maiden Name M. Rebecca Cashell Mother's Birthplace md

Name of person giving Information Physician How related to deceased none

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tuberculosis of Lungs How long 3 yrs.

Immediate Hemorrhage How long 3 days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. L. Lewis

Address Kennington md

Accident or Suicide no

*Pennis Disinfected*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Rachel Ross

Town

County

MARYLAND

Died at

Spencerville

Montgomery

Date

Month

Day

Years

Months

Days

of death 1909

Feb

13

Age

2 3

Sex

Female

Color or  
Race

Black

Birth  
place

Spencerville

Occupation

House work

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Geo Ross

Father's  
Birthplace

Pho Md

Mother's  
Maiden Name

Louisa Hart

Mother's  
Birthplace

Spencerville

Name of person giving  
Information

Louisa

How related  
to deceased

Mother

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

Not known

Immediate

Drowning

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

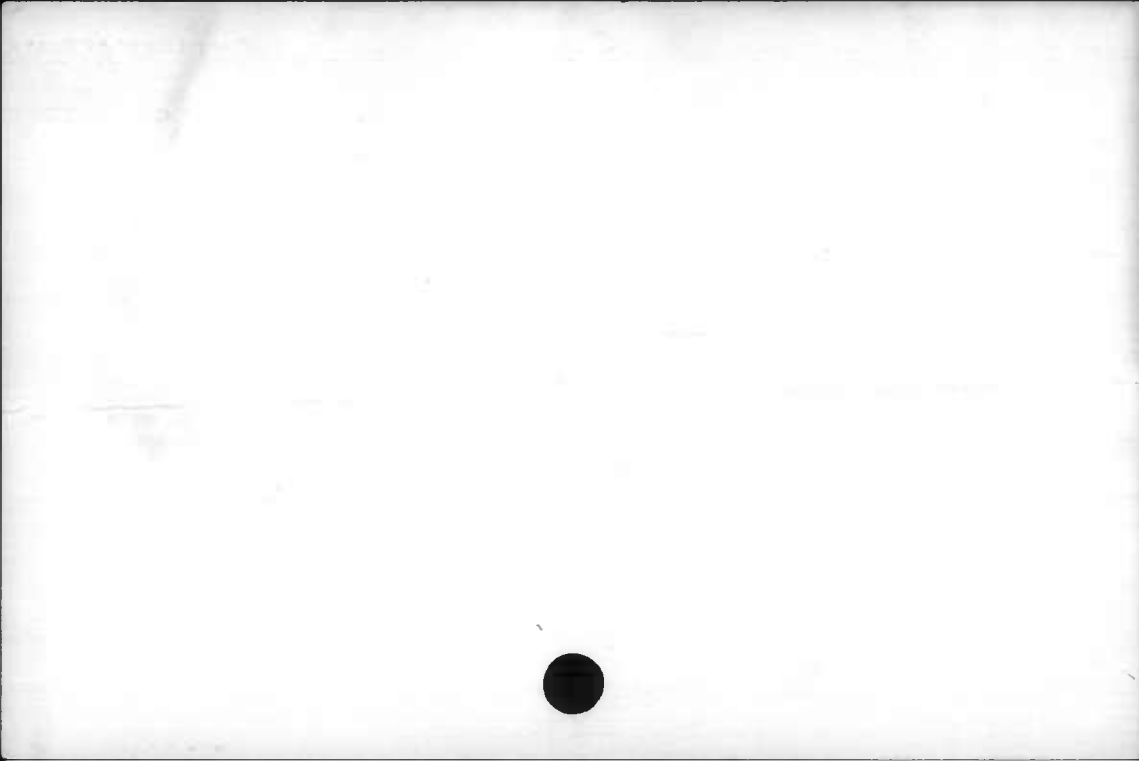
Yes

Signature of  
Physician

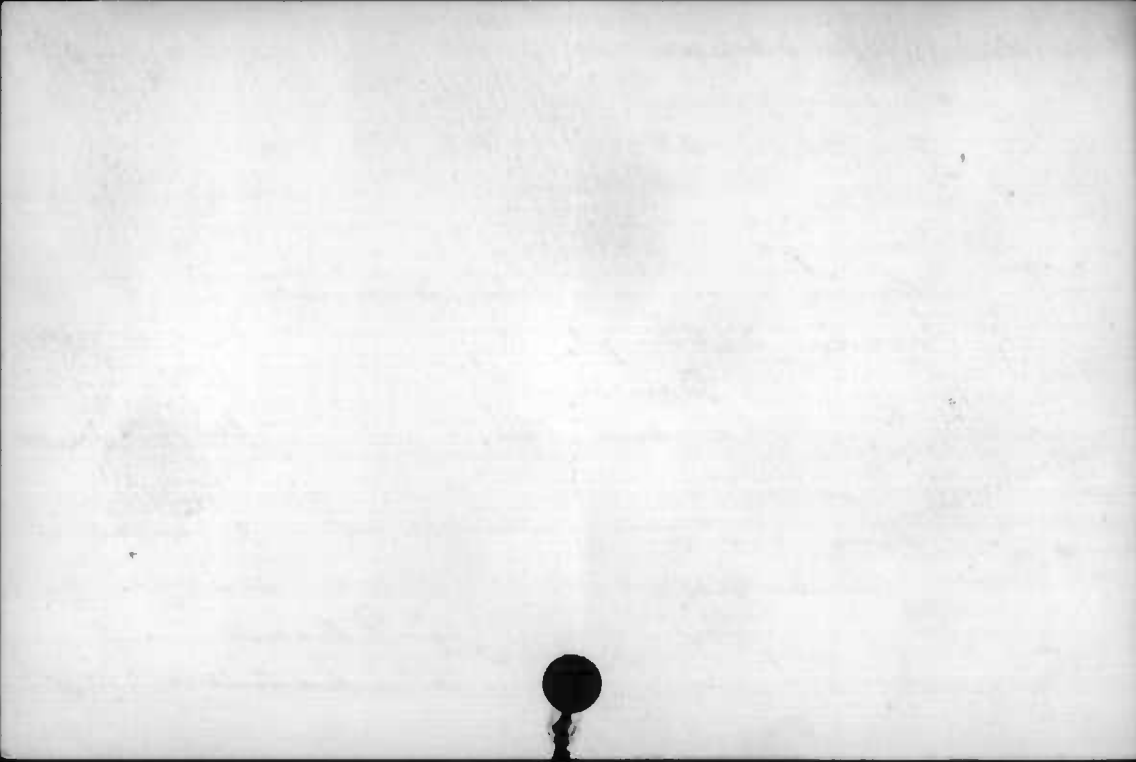
Address

J. A. Watson  
Spencerville  
Md

Accident or Suicide



Name in Full		CERTIFICATE OF DEATH						
<b>TO BE ANSWERED BY NEAREST FRIEND</b>		Died at		Town		County		
		Date of death		Month	Day	Years	Months	Days
		Sex	Color or Race		Birth-place			
		Occupation	Where Residing if not at place of death					
		Married, Single or Widowed	Name of Wife or Husband					
		Father's Name	Father's Birthplace					
		Mother's Maiden Name	Mother's Birthplace					
		Name of person giving information	How related to deceased					
<b>CAUSES OF DEATH</b>								
<b>PHYSICIAN OR CORONER</b>	Primary	Tuberculosis Intestines			How long	8 months		
	Immediate	Tuberculosis Intestines			How long	8 months		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
	Address							
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Beulah J. Shriver*  
Town

County

MARYLAND

Died at *Blackthorn P.O.**Montgomery*

Date

of death

1909

Month

*Feb.*

Day

*28*

Years

Age *40*

Months

*6*

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Montgomery Co. Md.*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Philip Shriver*Father's  
Name*Joshua Sibley*Father's  
Birthplace*Montgomery Co. Md.*Mother's  
Maiden Name*- Dowden*Mother's  
Birthplace*Va*Name of person giving  
Information*H. A. Shriver*How related  
to deceased*Cons. by Marriage*

## CAUSES OF DEATH

**93**

Primary

*Pneumonia*

How long

*2 wks*

Immediate

*Pneumonia*

How long

*4 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*R. E. Shriver**Blackthorn P.O.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Benj. B. Wilkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stamont Sanatorium, near Washington Grove</i>		Town <i>Stamont</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month	February	Day	26	Age	47
Sex	male		Color or Race	white		Birth-place	Virginia
Occupation	Merchant		Where Residing if not at place of death		Newport News, Va.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Robert Wilkins				Father's Birthplace	Elizabeth City Co. Va.	
Mother's Maiden Name	Martha A.				Mother's Birthplace	Warwick Co. Va.	
Name of person giving information	Robert C. Wilkins				How related to deceased	Brother	

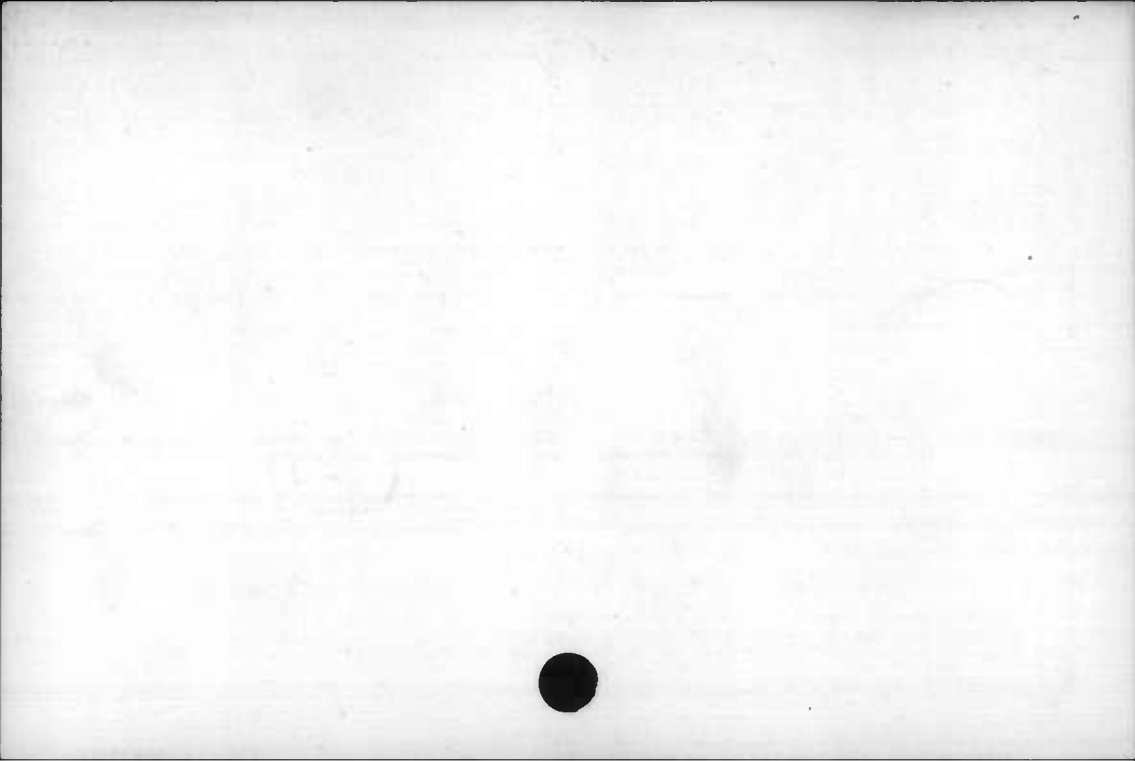
7

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Many months
Immediate	Pulmonary Tuberculosis	How long	Many months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Apparently		John H. Lindsey	
Accident or Suicide? <i>no</i>		Address	
		Stamont Sanatorium	
		Washington Grove, Maryland	





Name  
in  
Full

Windeer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cabin John* Town *Montgomery* County **MARYLAND**

Date of death 190 *9* Month *2* Day *27* Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *F.* Color or Race *B.* Birth-place *Md.*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

~~Married~~, Single or ~~Widowed~~ Name of Wife or Husband \_\_\_\_\_

Father's Name *Geo. Windeer* Father's Birthplace *Md.*

Mother's Maiden Name *Julia Harder* Mother's Birthplace *Md.*

Name of person giving Information \_\_\_\_\_ How related to deceased \_\_\_\_\_

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_

Signature of Physician *W. T. Pratt*

Address *Potomac, Md.*

Accident or Suicide \_\_\_\_\_

